

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

APPEAL OF A NOTICE OF AN INVOLUNTARY TRANSFER OR DISCHARGE

I hereby appeal and request a hearing due to a *Notice of Involuntary Transfer or Discharge* from this facility or a distinct part of the facility.

Please type or print:

Person Requesting Appeal		
Street Address of Person Appealing		
City	State	Zip Code
Daytime Telephone		
Resident		
Facility Name		
Facility Street Address		
City	State	Zip Code
Date Notice Received		
Signature of Person Requesting Appeal X		
Date (must be within 10 days of receipt of notice)		
Relationship to Resident <input type="checkbox"/> Resident <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Guardian <input type="checkbox"/> Other (explain)		

Return completed form to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Systems, Facility Complaint & Investigation Section
Complaint Investigation Unit
P.O. Box 30664
Lansing, Michigan 48909
(Street Address: 611 W. Ottawa Street; Lansing, Michigan 48933)

If you have any questions regarding this procedure you may call the Involuntary Transfer Coordinator with the Division of Operations at (517) 335-1980 or send a fax to (517) 335-2096 for assistance.

BCHS-LTC-505 (Rev. 08/28/2015)
Authority: P.A. 368 of 1978 as amended.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this Agency.